

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☒ Initial

☐ Amendment

☐ Termination – See Part 5

Not yet qualified ☒ or

List I.D. number:

List I.D. number:

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

Date Stamp
RECEIVED

06 MAY 19 P2:05

OFFICE OF THE CITY CLERK
CITY OF NEWPORT BEACH

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

NANCY GARDNER FOR CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)

323 JASMINE AVE.

CITY STATE ZIP CODE AREA CODE/PHONE

CORONA DEL MAR CA 92625 949.673.0706

MAILING ADDRESS (IF DIFFERENT)

P. O. BOX 10901 NEWPORT BEACH, CA 92658

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

ORANGE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

RAYMOND J. ZARTLER

STREET ADDRESS

1970 PORT PROVENCE

CITY STATE ZIP CODE AREA CODE/PHONE

NEWPORT BEACH CA 92660 949.759.9341

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 13 MAY 06
DATE

Executed on 13 May 06
DATE

Executed on _____
DATE

Executed on _____
DATE

By Raymond J. Zartler
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

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COMMITTEE NAME

NANCY GARDNER FOR CITY COUNCIL

I.D. NUMBER

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
NANCY GARDNER	NEWPORT BEACH CITY COUNCIL, DISTRICT 6	2006	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION		AREA CODE/PHONE	BANK ACCOUNT NUMBER	
CalNational Bank		866.373.7838		
ADDRESS		CITY	STATE	ZIP CODE
1515 WESTCLIFF DRIVE		NEWPORT BEACH	CA	92660

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below.

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE